

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) - CALIFORNIA ASSOCIATION OF REALTORS			<b>Date of This Filing</b> <u>05/16/2015</u>	Date Stamp       Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">             CALIFORNIA FORM 497           </div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 890106	<b>Report No.</b> <u>05162015</u>			
STREET ADDRESS					
CITY LOS ANGELES	STATE CA	ZIP CODE 90020	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
			<b>No. of Pages</b> <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) - CALIFORNIA ASSOCIATION OF REALTORS			<b>Date of This Filing</b> <u>05/16/2015</u>  <b>Report No.</b> <u>05162015</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>2</u>	Date Stamp    Page 2 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 890106				
<b>STREET ADDRESS</b>					
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 90020			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/15/2015	SANTA CLARA COUNTY DEMOCRATIC CENTRAL COMMITTEE UNITED DEMOCRATIC CAMPAIGN SAN JOSE, CA 95128  ID# 871053	SANTA CLARA COUNTY DEMOCRATIC CENTRAL COMMITTEE UNITED DEMOCRATIC CAMPAIGN	\$1,250.00	

Reason for Amendment: